

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

-60-036765

FILED VS OCT 1 0 1960

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 581 Registrar's No. 2860

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>University City</b> ) c. LENGTH OF STAY (In this place) <b>5 yrs.</b>		c. CITY OR TOWN <b>University City</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>86 Christian Old Peoples Home</b>		e. STREET ADDRESS (If rural, give location) <b>4006 6600 Washington Blvd.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>FLORA</b> b. (Middle) <b>M.</b> c. (Last) <b>MOOSE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 28, 1960</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>6-10-1882</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Factory Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Pharmaceutical Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Geneva, Switzerland</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Martinius Plougman</b>	13b. MOTHER'S MAIDEN NAME <b>Louisa Richenbach</b>	14. NAME OF HUSBAND OR WIFE <b>Walter</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>499-28-5724</b>	17. INFORMANT'S SIGNATURE OR NAME <i>Marilyn J. ...</i>	ADDRESS <b>6600 Washington</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>57 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>332X</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic Heart Disease</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 2, 1960, to Sept. 28, 1960, that I last saw the deceased alive on Sept. 28, 1960, and that death occurred at 8:38 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>C. Burnett H. Pedan, M.D.</i>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>35 No. Central, Clayton, Mo.</b>	23c. DATE SIGNED <b>9/28/60</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-28-60</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Friedens Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9-28-60</b>	REGISTRAR'S SIGNATURE <i>John M. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe, Inc.</b>	ADDRESS <b>4700 Washington Blvd.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *W. Wilkins*

Licensed Embalmer No. *3578*

P. O. Address *M. L. ...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.